Docket No. AVAP:101US

## **Declaration and Power of Attorney For Patent Application English Language Declaration**

| As a belov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | v named inventor,                                                                      | I hereby declare I | that:              |                         |                                         |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------|-----------------------------------------|--|--|--|
| My resider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | My residence, post office address and citizenship are as stated below next to my name, |                    |                    |                         |                                         |  |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ACTUATOR FOR AEROSOL CONTAINER                                                                                                                                                                                                                                                                                      |                                                                                        |                    |                    |                         |                                         |  |  |  |
| the specifi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | cation of which                                                                        |                    |                    |                         |                                         |  |  |  |
| (check one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>•</del> )                                                                         |                    |                    |                         |                                         |  |  |  |
| 🔀 is attac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | thed hereto.                                                                           |                    |                    |                         |                                         |  |  |  |
| 🔘 was file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ạd on                                                                                  |                    | as United          | States Application No   | . or PCT International                  |  |  |  |
| Applica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ation Number                                                                           | <del></del>        | ,                  |                         |                                         |  |  |  |
| and wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s amended on.                                                                          |                    |                    | ,                       | • • • • • • • • • • • • • • • • • • • • |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del></del>                                                                            |                    | (if a <sub>l</sub> | oplicable)              |                                         |  |  |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                    |                    |                         |                                         |  |  |  |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.                                                                                                                                                                                                                                     |                                                                                        |                    |                    |                         |                                         |  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. |                                                                                        |                    |                    |                         |                                         |  |  |  |
| Prior Forei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ign Application(s)                                                                     |                    |                    |                         | Priority Not Claimed                    |  |  |  |
| /klumbad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del></del>                                                                            | (Courte)           |                    | (Day/Month/Year Filed)  |                                         |  |  |  |
| (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        | (Country)          |                    | fraktioning i set Eugh) |                                         |  |  |  |
| (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        | (Country)          |                    | (Day/Month/Year Filed)  | _ <del>-</del>                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        |                    |                    | /Paulitania 0/ m2       |                                         |  |  |  |

| Prior Foreign Application | (\$)      |                        | Priority Not Claimed |
|---------------------------|-----------|------------------------|----------------------|
| (Number)                  | (Country) | (Day/Month/Year Filed) | _                    |
| (Number)                  | (Country) | (Day/Month/Year Filed) |                      |
| (Number)                  | (Country) | (Day/Month/Year Filed) | u                    |

|                                                                                                                                                                                                    |                                                                                                                                  | a) of any United States provisional                                                                                                                                                                                        |
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| (Application Serial No.)                                                                                                                                                                           | (Filing Date)                                                                                                                    |                                                                                                                                                                                                                            |
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| (Application Serial No.)                                                                                                                                                                           | (Filing Date)                                                                                                                    |                                                                                                                                                                                                                            |
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| (Application Serial No.)                                                                                                                                                                           | (Filing Date)                                                                                                                    |                                                                                                                                                                                                                            |
| United States or PCT International<br>U.S.C. Saction 112, I acknowledge<br>Office all information known to m                                                                                       | I application in the manner of<br>the duty to disclose to the<br>to be material to patental<br>to between the filing date of     | plication is not disclosed in the prior<br>provided by the first paragraph of 35<br>United States Patent and Trademark<br>fility, as defined in Title 37, C. F. R.<br>the prior application and the national               |
|                                                                                                                                                                                                    |                                                                                                                                  |                                                                                                                                                                                                                            |
| (Application Serial No.)                                                                                                                                                                           | (Filing Date)                                                                                                                    | (Status)<br>(patented, pending, apandoned)                                                                                                                                                                                 |
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| (Application Serial No.)                                                                                                                                                                           | (Filing Date)                                                                                                                    | (patented, pending, abandoned)                                                                                                                                                                                             |
|                                                                                                                                                                                                    |                                                                                                                                  | (patented, pending, abandoned)                                                                                                                                                                                             |
| (Application Serial No.) (Application Serial No.)                                                                                                                                                  | (Filing Date)                                                                                                                    |                                                                                                                                                                                                                            |
| (Application Serial No.)  I hereby declare that all statements made on information aware made with the knowledge the fine or imprisonment, or both, und                                            | (Filing Date) Ints made herein of my ound belief are believed to be to willful false statements and ler Section 1001 of Title 18 | (patented, pending, abandoned)  (Status)  (patented, pending, abandoned)  vn knowledge are true and that a ue, and further that these statements of the like so made are publishable by of the United States Code and that |
| (Application Serial No.)  I hereby declare that all statemestatements made on information a were made with the knowledge that fine or imprisonment, or both, und such willful false statements may | (Filing Date) Ints made herein of my ound belief are believed to be to willful false statements and ler Section 1001 of Title 18 | (patented, pending, abandoned)  (Status)  (patented, pending, abandoned)  vn knowledge are true and that a ue, and further that these statements of the like so made are publishable by of the United States Code and that |
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| (Application Serial No.)  I hereby declare that all statemestatements made on information a were made with the knowledge that fine or imprisonment, or both, und such willful false statements may | (Filing Date) Ints made herein of my ound belief are believed to be to willful false statements and ler Section 1001 of Title 18 | (patented, pending, abandoned)<br>(Status)                                                                                                                                                                                 |

| POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)  Robert P. Simpson, Esq., Registration No. 33,034 CUSTOMER NO. 24041  R. Craig Kauffman, Esq., Registration No. 20,362  Howard M. Eltis, Esq., Registration No. 25,856  Michael L, Dunn, Esq., Registration No. 25,330  Thomas J. Colson, Esq., Registration No. 38,848  S. Peter Konzel, Esq., Registration No. 53,152  C. Richard Lohrman, Esq., Registration No. 46,878  Sumita Chowdhury-Ghosh, Ph.D., Reg. No. 50,476  C. Paul Maliszewski, P.E., Registration No. 51,990  with the law firm of:  Simpson & Simpson, PLLC |                                                                                                |      |  |  |  |  |  |  |  |
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| Send Correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C. Richard Lohrman, Esq. Simpson & Simpson, PLLC 5555 Main Street Williamsville, NY 14221-5406 |      |  |  |  |  |  |  |  |
| Direct Telephone Calls to: C. Richard Lohrman, Esq., To Full name of sole or first inventor Albert P. CARUSO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | : (name and telephone number) Telephone No. 716-626-1564                                       |      |  |  |  |  |  |  |  |
| Sois or tire inventuels signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date                                                                                           |      |  |  |  |  |  |  |  |
| Residence<br>651 Wyodstock Ave., Tonas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | wanda, New York 14150                                                                          |      |  |  |  |  |  |  |  |
| Citaenship<br>United States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |      |  |  |  |  |  |  |  |
| Post Office Address<br>Same as Above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |      |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |      |  |  |  |  |  |  |  |
| Full name of second inventor, if an<br>Second inventor's eigneture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ny Date                                                                                        |      |  |  |  |  |  |  |  |
| Residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                | :::: |  |  |  |  |  |  |  |
| Cilizenship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |      |  |  |  |  |  |  |  |
| Post Office Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |      |  |  |  |  |  |  |  |